

Panhandle Health District I

On-Site Sewage System Application

APPLICATION TYPE				
<input type="checkbox"/> Site Evaluation A site evaluation is conducted to determine if a site is suitable for on-site sewage disposal. A septic permit will be required prior to installation of a septic system. Site Evaluations are valid one (1) year from date of issuance and are not renewable.	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Site Evaluation & Septic Permit A septic permit approval depends on the following: Site evaluation approval, the predicted maximum daily sewage flow; house size and location; well / spring location; surface water locations; changes to native soil (road cuts, grading, benching); distance to neighboring structures (wells, buildings, drainfields); proposed land use; soil quality; other issues of concern.. Permits to construct a septic system are not granted until all such issues are addressed and / or submitted in writing as part of the plot plan / permit application AND found to be consistent with current regulations. A septic permit is valid (1) year from date of issuance and may be renewed up to a maximum of (3) years from date of issuance. </div> <div style="width: 35%;"> <input type="checkbox"/> Septic Permit </div> </div>			
ANY CHANGES TO THE SITE OR CONDITIONS OF THE APPLICATION AFTER ISSUANCE OF THE PERMIT MAY RENDER THE PERMIT INVALID.				
Property Owner		Applicant:		
Name:		Name:		
Address:		Address:		
City, State, Zip:		City, State, Zip:		
Phone:		Phone:		
Applicant is: <input type="checkbox"/> Landowner <input type="checkbox"/> Contractor <input type="checkbox"/> Installer <input type="checkbox"/> Other:				
PROPERTY – LEGAL DESCRIPTION				
Parcel #:		Section:		Township:
Range:				
Subdivision Name:		Lot #:	Block #:	Acreage:
Property Address:				
TYPE OF INSTALLATION				
<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Upgrade/Expansion <input type="checkbox"/> Tank Only				
Is there an existing dwelling on this parcel? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:				
PROPOSED USE				
<input type="checkbox"/> Individual - Single Family Dwelling <input type="checkbox"/> Two-Party (2 Dwellings) <input type="checkbox"/> Other : _____ (example: shop, garage, barn, RV Pad) <input type="checkbox"/> Community (3-9 Dwellings) - Number of Units: _____ <input type="checkbox"/> Large Soil Absorption (2,500 gal/day or 10 + Dwellings) - Number of Units: _____ <input type="checkbox"/> Commercial / Industrial - Building Type: _____ <div style="text-align: center; margin-top: 5px;"><i>For Community, Commercial, Large Soil Absorption & Engineered Systems Only:</i></div> <div style="display: flex; justify-content: space-between;"> Average Daily Flow: Peak Daily Flow: <i>(Determined by Site Evaluation Review)</i> </div>				
DWELLING INFORMATION				
Number of Bedrooms: _____	Number of Baths: _____	Sq. Footage: _____	Number of People: _____	Garbage Disposal <input type="checkbox"/> Yes <input type="checkbox"/> No

Date Received:

 Receipt #:

Revised 05/09

PERMIT # _____

 Assigned to: By:

In the space provided below please ✓ or ✗ any of the appropriate boxes. Include descriptions where possible (i.e. Surface Water – Twin Lakes). Please provide a dimensional plot plan including: all marked items below; location and size of proposed or existing drainfields and associated replacement area(s); home site; location of and distances from all existing water supply system features; proposed or existing storm water management structures, property lines, easements and right-of-ways; neighboring structures of concern; location & size of all buildings and structures on the property.

☐ Surface Water _____

☐ Canals /ditches _____

☐ Well - public / private _____

☐ Spring _____

☐ Easements _____

☐ Other _____

☐ Waterline - public / private _____

☐ neighboring dwelling _____

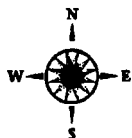
☐ Neighboring wells _____

☐ Cut Banks _____

☐ Property Line _____

PLOT PLAN

Parcel Number _____



Signature _____

Date _____

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit cancelled. I accept the responsibility to notify Panhandle Health District of any changes to the above information if performed prior to completion of the permitted system.

PANHANDLE HEALTH DISTRICT
FAILED SEPTIC SYSTEM APPLICATION ADDENDUM

Applicant Name: _____

Repair Permit Number _____ **Date of Application:** _____

Type of failure : (Please check applicable box)

- ☐ Backing up into home
- ☐ Effluent on the ground
- ☐ Other (Specify)

Description of failure: _____

What year was the failing system installed? (Year): _____

Permit Number if known: _____

How many bedrooms was system originally designed? (Number): _____

What is the current number of bedrooms? (Number): _____

What is the current number of occupants? (Number): _____

Have you had a recent event with large number of individuals using the septic system? _____

What year was your septic tank last pumped? (Year): _____

How often is the septic tank pumped? (Please check applicable box)

- ☐ Every 3 years
- ☐ Every 5 years
- ☐ Every 7 years
- ☐ Over 10 years
- ☐ Never

Do you have one of the following: (Please check applicable box)

- ☐ Garbage disposal
- ☐ Over sized bath tub
- ☐ Water softener
- ☐ Other large wastewater generator
- ☐ Description of generator: _____

Directional Map